

First Christian Church
Children's Ministry Registration Form

Child's Name: _____

Address: _____

Parent/Guardian: _____

Address: _____

Email Address: _____

Home Phone: _____

Cell: _____

Child's DOB: _____ Age: _____

Home Church: _____

Allergies/Food Sensitivities/Medical Info./Other: _____

Emergency Contacts:

Name: _____

Phone: _____

Name: _____

Phone: _____

Names of person(s) who may pick up this child:
